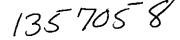
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549





FORM D

SEC Mail Processing Section

NOTICE OF SALE OF SECURITIES APR 15 2008
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR Washington, DC
UNIFORM LIMITED OFFERING EXEMPTION 110

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Rule 504 Rule 505 Ru	le 506	ULOE	0 110	CESSED
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A, BASIC ID	ENTIFICATION DATA		-	4000
ne issuer			IHC	MSON
an amendment and name has chang , L.P.	ed, and indicate change.)			NCIAL
(No. and Street, City, State, Zip C Dallas, Texas 75204	Code)	•	•	ng Area Code)
(No. and Street, City, State, Zip C	Code) Telephone	Number (Including A	rea Code)	
⊠ limited	partnership, already formed	l		other (please specify):
limited	partnership, to be formed			
n or Organization:	Month 0 1	Year 0 6	⊠ Actual	☐ Estimated
tion: (Enter two-letter U.S. Postal S	ervice abbreviation for State	: FN		
CN for Canada; FN for other	r foreign jurisdiction)			
	Rule 504 Rule 505 Ru Amendment A. BASIC ID The issuer an amendment and name has change L.P. (No. and Street, City, State, Zip Companies, Texas 75204 (No. and Street, City, State, Zip Companies, Texas 75204 Imited Initiated In or Organization: tion: (Enter two-letter U.S. Postal State)	A. BASIC IDENTIFICATION DATA ne issuer an amendment and name has changed, and indicate change.) L.P. (No. and Street, City, State, Zip Code) Dallas, Texas 75204 (No. and Street, City, State, Zip Code) Telephone Imited partnership, already formed limited partnership, to be formed Month O 1	Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Amendment A. BASIC IDENTIFICATION DATA The issuer an amendment and name has changed, and indicate change.) A. L.P. (No. and Street, City, State, Zip Code) Dallas, Texas 75204 (No. and Street, City, State, Zip Code) Telephone Number (Including A 1) Month Year	ARUle 504 Rule 505 Rule 506 Section 4(6) ULOE Amendment A. BASIC IDENTIFICATION DATA The issuer an amendment and name has changed, and indicate change.) A. D. P. (No. and Street, City, State, Zip Code) Dallas, Texas 75204 (No. and Street, City, State, Zip Code) Telephone Number (Including Area Code) Month Year n or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: FN

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee,

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)

		A. BASIC IDENTIFI	CATION DATA		
2. Enter the information re	aguested for the fo		CATION DATA		
2. Enter the information to	equested for the fo.	nowing.			
		nas been organized within the pa			
X Each beneficial owner l issuer;	having the power t	o vote or dispose, or direct the	vote or disposition of, 10% or	more of a class of	of equity securities of the
X Each executive officer	and director of cor	porate issuers and of corporate	general and managing partner	s of partnership is	suers; and
X Each general and mana		tnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, Hayman Offshore Manage		al Dautnau			
Business or Residence Addre					
2626 Cole Avenue, Suite 20					
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,					
Bass, J. Kyle, Director of the					
Business or Residence Addresses 2626 Cole Avenue, Suite 20					
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)			+	Wanaging Farther
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				<u> </u>
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				3 3
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code)			

						R IN	IFORN	1ATIO	N ARC	UT O	FFERI	VC.		
1. Ha	s the iss	uer sold	or does	the issu	er intend								Yes	No
		 5010			so in Ap							··· <i>6</i> ·		×
2. W	2. What is the minimum investment that will be accepted from any individual?										\$ <u>13,4</u>	72.00		
3. Do	es the o	ffering	ermit jo	int own	ership of	f a single	e unit:						Yes ⊠	No □
ind of reg (5) for	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Name (Last name first, if individual)														
Busines	s or Res	idence /	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	ie)					
Name o	f Associ	ated Bro	oker or I	Dealer					<u>.</u>		<u> </u>			
States i	n Which	Person	Listed F	las Solic	ited or I	ntends t	o Solicit	Purcha	sers					
•	"All Sta		check inc	lividual	States)			•••••				***************************************		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[HII]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VI]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	me (Las	t name f	irst, if in	dividua	1)									
Busines	s or Res	sidence A	Address	(Numbe	r and Sti	rect, Cit	y, State,	Zip Coo	ie)			181		··-
Name o	f Associ	ated Bro	oker or I	Dealer										
			Listed H											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
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(RI)	[SC]	[SĐ]	[TN]	[TX]		[VT]		[WA]			[WY]	[PR]		
Full Na	me (Las	t name f	irst, if in	dividua	l)									
Busines	s or Res	idence /	Address	(Numbe	r and Str	reet, Cit	y, State,	Zip Coo	le)					
Name o	f Associ	ated Bro	oker or [Dealer										
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[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[עד]	[VI]	[VA]	[WA]	[WV]	[OK] [WI]	[WY]	[PR]		
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$ <u> </u>
	Equity	\$0	\$0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$ <u>144,203,876.89</u>	\$ <u>144,203,876.89</u>
	Other (Specify)	\$0	\$ <u> </u>
	Total	\$ <u>144,203,876.89</u>	\$ <u>144,203,876.89</u>
	Answer also in Appendix, Column 3, if filing under ULOE		
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	46	\$ 144,203,876.89
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	 N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE		-
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$ <u>N/A</u>
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$ N/A
	Total	N/A	\$N/A
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securithis offering. Exclude amounts relating solely to organization expenses of the issuer. The information be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	ation may an	
	Transfer Agent's Fees		\$ <u> </u>
	Printing and Engraving Costs		\$0
	Legal Fees		\$5,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finder's fees separately)		\$0
	Other Expenses (identify)		\$0
	Total		

	C. OFFERING PRICE, NUMBER OF INVI	ESTORS, EXPENSES AND U	JSE	OF PF	ROCEED	S
	b. Enter the difference between the aggregate offering price gives and total expenses furnished in response to Part C-Question 4.a. proceeds to the issuer."	This difference is the "adjusted gro	ss 			\$ <u>144,198,876.89</u>
5.	Indicate below the amount of the adjusted gross proceeds to the is each of the purposes shown. If the amount for any purpose is not check the box to the left of the estimate. The total of the payment proceeds to the issuer set forth in response to Part C-Question 4.b	known, furnish an estimate and its listed must equal the adjusted gro				
	processor with total out following topological target Quastion for	. 430 ()		O Dire	ments to fficers, ectors, & ffiliates	Payments To Others
	Salaries and fees		. 🗆	\$		\$
	Purchase of real estate		. 🗆	\$		\$
	Purchase, rental or leasing and installation of machinery an	d equipment	. 🗆	\$		\$
	Construction or leasing of plant buildings and facilities		. 🗆	\$		\$
	Acquisition of other businesses (including the value of securary be used in exchange for the assets or securities of anot			\$		\$
	Repayment of indebtedness		. 🗆	\$		\$
	Working capital		. 🗆	\$		\$
	Other (specify) (investments)		.0	\$	×	\$ <u>144,198,876.89</u>
	Column Totals		. 🗆	\$	X	\$ <u>144,198,876.89</u>
	Total Payments Listed (column totals added)				\$ <u>144,1</u>	98,876.89
	D. FEDERA	AL SIGNATURE				
gna	issuer has duly caused this notice to be signed by the undersigned dature constitutes an undertaking by the issuer to furnish to the U.S. trmation furnished by the issuer to any non-accredited investor pursu	luly authorized person. If this notic Securities and Exchange Commissi	on, ı			
	ucr (Print or Type) lyman Capital Offshore Partners, L.P.	Date April		2008		
Na	me of Signer (Print or Type) Title of Signer (Print	for Type)				
Ch	ristopher E. Kirkpatrick Authorized Signator	у				
		ENTION				
	AJi	ENTION				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

		E. STATE SIGNATURE		
1.		resently subject to any of the disqualification provisions of such	Yes	No ⊠
	See Appendi	x, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required	o furnish to any state administrator of any state in which this notice is by state law.	filed, a notice	on Form D
3.	The undersigned issuer hereby undertakes to offerees.	o furnish to the state administrators, upon written request, information	furnished by t	he issuer to
4.		ssuer is familiar with the conditions that must be satisfied to be entitled which this notice is filed and understands that the issuer claiming the at these conditions have been satisfied.		
	e issuer has read this notification and knows t dersigned duly authorized person.	he contents to be true and has duly caused this notice to be signed on i	ts behalf by th	e
	uer (Print or Type) yman Capital Offshore Partners, L.P	Signature Date April 14, 2008		
Na	me of Signer (Print or Type)	Title of Signer (Print or Types		
Ch	ristopher E. Kirkpatrick	Authorized Signatory		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	<u> </u>	2	3		4	·		5	
	Intend (non-actinvestor	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
AL							-		
AK					· · · · · · · · · · · · · · · · · · ·				
AZ									
AR									
CA		No	Limited Partnership Interests \$285,832.30	ì	\$285,832.30	0	\$0	No	
со									
СТ			!						
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MI							· 	1	
MN	 					+			
MS	 								
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APPENDIX

1	:	2	3	!	4						
	non-acc investor (Par	to sell to credited in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount				
МО											
МТ											
NE											
NV											
NH											
NJ											
NM											
NY		No	Limited Partnership Interests \$56,900.00	1	\$56,900.00	0	\$0	No			
NC											
ND											
он											
ок											
OR											
PA											
RI											
sc											
SD											
TN											
TX		No	Limited Partnership Interests \$14,679,225.14	13	\$14,679,225.14	0	\$0	No			
UT											
VT											
VA											
WA											

APPENDIX

1	:	2	3		5			
	non-acc investor (Par	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Турс	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
wv								
Wi								
WY								
PR								

